

SAP # 138460

HWR-001

3/95 State of New Jersey

Department of Environmental Protection  
Solid & Hazardous Waste Regulation Element  
Manifest Section  
P.O. Box 421  
401 East State Street  
Trenton, New Jersey 08625-0421

"Request to Deactivate EPA ID Number"

EPA ID No. NJD 986 594 711

Company Name: MOTIVA ENTERPRISES LLC / SHELL SERVICE STATION

Site Address: 74 EAST PASSAIC AVENUE NUTLEY  
(street) (city / town)  
NT 07710  
(state) (zip code) (lot) (block)

Mailing Address: 12700 Northborough Dr MFT 240-G - HOUSTON  
(street / P.O. box) (city / town)  
TX 77067-2508  
(state) (zip code)

Company Contact: Nora Cortez (281) 874-2224  
(name) (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

<input checked="" type="radio"/>	The EPA ID number was obtained for a one time cleanup which is completed.
<input type="radio"/>	The site has completed an ECRA cleanup (indicate ECRA Case # )
<input type="radio"/>	Other

Is the site presently occupied? (circle yes or no )

Sign and date the application below, and retain the last page (pink copy) for your records.

Nora Cortez Nora Cortez  
(printed name) (signature)  
Env. Systems Database Analyst 08/31/04  
(title) (date)

deleted  
9-15-04  
(BIB)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: NJDEP/DSHW Manifest section (address above)

Applicant is to keep a copy

Change (Owner)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 10/31/99  
GSA No. 0246-EPA-07

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

U.S. EPA  
AGENCY  
Date Received  
(For Official Use Only)  
98 NOV 13 AM 10:40

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒

B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

NJD986594711

## II. Name of Installation (Include company and specific site name)

S H E L L O I L C O M P A N Y

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

Street (Continued)

NJD986594711  
SHELL OIL COMPANY  
74 E PASSAIC AVE  
NUTLEY, NJ 07110

City or Town

State

Zip Code

County Code

County Name

ESSEX

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 2 0 9 9

City or Town

State

Zip Code

H O U S T O N

T X

7 7 2 5 2 - 2 0 9 9

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

B I E N V E N U

S O N D R A

Job Title

Phone Number (Area Code and Number)

D I S P O S A L C O O R D

7 1 3 - 2 4 1 - 2 2 5 8

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

☐☒

City or Town

State

Zip Code

## VII. Ownership (See Instructions)

### A. Name of Installation's Legal Owner

M O T I V A E N T E R P R I S E S L L C

Street, P.O. Box, or Route Number

P O B O X 4 5 4 0

City or Town

State

Zip Code

H O U S T O N

T X

7 7 2 1 0 - 4 5 4 0

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)  
Month Day Year

7 1 3 - 2 4 1 - 2 2 5 8

P

P

Yes

XX

No

1 0 0 1 9 8

## ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- a. Transporter
- b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☒

2. Corrosive (D002)

☐

3. Reactive (D003)

☐

4. Toxicity Characteristic

☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 1 8

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Sondra Bienvenu, Residual Disposal Coordinator

Date Signed

11-9-78

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION OF  
HAZARDOUS WASTE ACTIVITY

12/07/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER →	NJD986594711
INSTALLATION NAME →	SHELL OIL CO
INSTALLATION ADDRESS →	74 E PASSAIC AVE NUTLEY, NJ 07110
MAILING ADDRESS →	PO BOX 2099 HOUSTON, TX 77252-2099

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 2  
290 BROADWAY, 22<sup>nd</sup> Floor  
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION  
RCRA PROGRAMS BRANCH

TO: BIENVENU, SONDR  
DISPOSAL COORD  
PO BOX 2099  
HOUSTON, TX 77252-2099



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY**

11/15/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986594711

FACILITY NAME -> SHELL OIL CO

MAILING ADDRESS -> SUITE 150-500 INTERNATIONAL DR  
MT OLIVE, NJ 07828

INSTALLATION ADDRESS -> 74 E PASSAIC AVE  
NUTLEY, NJ 07110

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: SULLIVAN C\_A ANALYST  
SHELL OIL CO  
SUITE 150-500 INTERNATIONAL DR  
MT OLIVE, NJ 07828



## X. Description of Hazardous Wastes (continued from front)

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
D O O 8	X O O I	X O O 2	D O I 8		
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes:** Enter the four-digit number 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

☒ 1. Ignitable (D001)    ☐ 2. Corrosive (D002)    ☐ 3. Reactive (D003)    ☐ 4. Toxic (D000)

## XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature <i>C. Sullivan</i>	Name and Official Title (type or print) CINDY SULLIVAN ENVIRONMENTAL + MAINTENANCE ANALYST	Date Signed 10/11/90
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**Estimated burden:** Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.